

# MEMBER APPLICATION FORM

## Account Opening Documentation Checklist:

☐ Identification ☐ TRN/Social Security NO. (US Residents)/National Insurance NO. (UK Residents)

☐ 2 References ☐ Proof of Address

☐ Proof of Employment/Source of Income (Self-Employed Persons)

### PERSONAL DETAILS

|                                                                                                                                                                  |  |                                                                         |  |                            |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|----------------------------|----------------------|
| Title: <input type="checkbox"/> Mr. / <input type="checkbox"/> Mrs./ <input type="checkbox"/> Ms./ <input type="checkbox"/> Dr. / <input type="checkbox"/> Prof. |  | Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female |  | Date of Birth (dd/mm/yyyy) |                      |
| Last Name                                                                                                                                                        |  | Middle Name                                                             |  | First Name                 |                      |
| Maiden Name                                                                                                                                                      |  | Alias(es)                                                               |  | Mother's Maiden Name       |                      |
| Marital Status: <input type="checkbox"/> Single / <input type="checkbox"/> Married / <input type="checkbox"/> Divorced / <input type="checkbox"/> Widowed        |  |                                                                         |  |                            | TRN                  |
| Place of Birth                                                                                                                                                   |  | Country of Birth                                                        |  | Nationality                |                      |
| Home Address (Current)                                                                                                                                           |  |                                                                         |  |                            |                      |
| Home Address (Previous)                                                                                                                                          |  |                                                                         |  |                            |                      |
| Mailing Address (If different from above)                                                                                                                        |  |                                                                         |  |                            | Number of Dependents |

### EMPLOYMENT INFORMATION

|                                                                                                                                                     |  |            |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|------------|
| <input type="checkbox"/> Employed / <input type="checkbox"/> Self Employed / <input type="checkbox"/> Retired / <input type="checkbox"/> Unemployed |  | Employee # | Occupation |
| Name of Employer/Business                                                                                                                           |  |            |            |
| Address of Employer/ Business                                                                                                                       |  |            |            |

### INCOME INFORMATION (ANNUAL)

|                                                                                                                                                                                                                                  |                            |  |                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|----------------------------------------|--|
| <input type="checkbox"/> Up to \$200,000.00 <input type="checkbox"/> \$200,000.00 to \$499,999.00 <input type="checkbox"/> \$500,000.00 to \$999,999.00 <input type="checkbox"/> \$1M to \$3M <input type="checkbox"/> Over \$3M |                            |  |                                        |  |
| Source of Income                                                                                                                                                                                                                 | Additional Source of Funds |  | Expected Monthly Contributions/Savings |  |

### CONTACT INFORMATION

|                |                    |        |
|----------------|--------------------|--------|
| Mobile (Work)# | Mobile (Personal)# | Work # |
| Home #         | Email (Personal)   |        |
| Email (Work)   |                    |        |

### IDENTIFICATION

|                                             |             |                                    |                                       |                                     |
|---------------------------------------------|-------------|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Driver's License # |             | <input type="checkbox"/> Passport# | <input type="checkbox"/> Voter's ID # | <input type="checkbox"/> Other ID # |
| Date Issued                                 | Expiry Date | Country Issued                     |                                       |                                     |

### STATEMENT & COMMUNICATION

Where do you want your correspondences or quarterly statement sent? ☐ I will collect ☐ Request via email ☐ By Post

### FOR OFFICE USE ONLY

|                  |                                                                                                                                                                                           |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Member Account # | <b>Accounts To Be Operated Initially</b>                                                                                                                                                  |
|                  | <input type="checkbox"/> Shares Account <input type="checkbox"/> Special Deposit <input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Life Long <input type="checkbox"/> Other |



**JPS & PARTNERS**  
CO-OPERATIVE CREDIT UNION LTD.  
*Your Financial Partner For Life*

**REFERENCE FOR OPENING AN ACCOUNT (Reference 1)**

|                           |               |               |
|---------------------------|---------------|---------------|
| Last Name                 | Middle Name   | First Name    |
| Name of Employer/Business |               |               |
| Work Address              |               |               |
| Occupation                | Email Address |               |
| Mobile Number             | Home Number   | Office Number |

**REFERENCE FOR OPENING AN ACCOUNT (Reference 2)**

|                           |               |               |
|---------------------------|---------------|---------------|
| Last Name                 | Middle Name   | First Name    |
| Name of Employer/Business |               |               |
| Work Address              |               |               |
| Occupation                | Email Address |               |
| Mobile Number             | Home Number   | Office Number |

**NOTES**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

### NOMINATION FORM

(PURSUANT TO "THE CO-OPERATIVE SOCIETIES LAW, CAP. 75 OF THE REVISED LAWS OF JAMAICA")

#### JPS & PARTNERS CO-OPERATIVE CREDIT UNION LIMITED

I, \_\_\_\_\_ a member of the above-named society, do hereby nominate the following as the only person or persons (none of them being an Officer or Servant of the Society, unless such person is the Husband, Wife, Father, Mother, Child, Brother, Sister, Nephew or Niece of me, the Nominator), to or among whom shall be transferred my property in the Society, whether in Shares, Loans, Deposits or otherwise at my decease in such portions as is set forth below opposite their respective names:

| Name | Relationship to Member | Address | Date of Birth | Proportions % | Contact Number | Email Address |
|------|------------------------|---------|---------------|---------------|----------------|---------------|
|      |                        |         |               |               |                |               |
|      |                        |         |               |               |                |               |
|      |                        |         |               |               |                |               |
|      |                        |         |               |               |                |               |
|      |                        |         |               |               |                |               |

I Further appoint the following person(s) as trustee(s) for any minor(s) nominated above until he or she attains the age of 18 (any Trustee appointed must be 18 years of age or older).

| Name | Relationship to Minor | Address | Date of Birth | Proportions % | Contact Number | Email Address |
|------|-----------------------|---------|---------------|---------------|----------------|---------------|
|      |                       |         |               |               |                |               |
|      |                       |         |               |               |                |               |
|      |                       |         |               |               |                |               |
|      |                       |         |               |               |                |               |
|      |                       |         |               |               |                |               |

(Where the nomination is not intended to comprise the whole of the member's property in the Society the amount to be comprised in it is to be specified.) Any previous nomination made by me is hereby cancelled. As witness to my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Member Making Nomination \_\_\_\_\_

1. \_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Address \_\_\_\_\_

2. \_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Address \_\_\_\_\_

#### MEMBERSHIP/SERVICE AGREEMENT:

I \_\_\_\_\_ hereby apply for membership at the JPS & Partners Co-operative Credit Union Limited and declare that the information provided is true. I agree to be governed by the rules of the Credit Union as amended from time to time.  
I authorize the verification of the information provided from independent sources. I also authorize the Credit Union to share this information in accordance with all relevant laws and regulations inclusive but not limited to the Foreign Account Tax Compliance Act (FATCA).  
I agree to update the information at the Credit Union if there are any changes.

*By signing this Membership Application Form I am hereby consenting that JPS & Partners Co-operative Credit Union Limited can process personal data herein to provide financial services, manage risks and comply with legal and regulatory obligations; to communicate with me and provide customer service and to share information about our products, services and promotional activities. I consent to the collection of my personal data for these purposes. I am aware that I can find a full description of what personal data the Credit Union collects and the purpose for collection and processing in the Privacy Notice located on the Credit Union's website and in the banking halls at all our locations.*

*I am aware and I was informed that I may withdraw my consent at any time by completing the "DATA SUBJECT CONSENT WITHDRAWAL FORM" located on the Credit Union's website and thereafter submit the completed form either by email to the Data Protection Officer at [dataprotection@jpscu.com](mailto:dataprotection@jpscu.com) or by delivery at the nearest branch of the credit union.*

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (DD/MM/YYYY)

The Credit Union reserves the right to deny membership to anyone who provides incorrect or misleading information.

### PAYMENT ALLOCATION AUTHORIZATION

|                                 |                     |
|---------------------------------|---------------------|
| Name of Product                 | Monthly Amount (\$) |
|                                 |                     |
|                                 |                     |
|                                 |                     |
|                                 |                     |
|                                 |                     |
| <b>TOTAL MONTHLY DEDUCTIONS</b> |                     |

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date (DD/MM/YYYY)

### AUTOMATED SERVICE APPLICATION

|                                           |                                      |               |                 |
|-------------------------------------------|--------------------------------------|---------------|-----------------|
| ATM <input type="checkbox"/>              | New Card <input type="checkbox"/>    | Account Code: | ATM Limit _____ |
| Internet Banking <input type="checkbox"/> | Replacement <input type="checkbox"/> |               | POS Limit _____ |
| 5                                         | 3                                    | 5             | 7               |
| 9                                         | 2                                    | 7             | 4               |
| 5                                         |                                      |               |                 |

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date (DD/MM/YYYY)

### FOR INTERNAL USE ONLY

\_\_\_\_\_  
**PINNED / PROCESSED BY**

\_\_\_\_\_  
**Date (DD/MM/YYYY)**

\_\_\_\_\_  
**APPROVED BY**

\_\_\_\_\_  
**Date (DD/MM/YYYY)**

\_\_\_\_\_  
**ACTIVATED BY**

\_\_\_\_\_  
**Date (DD/MM/YYYY)**

### RISK RATING

|                                                                                                                                                                                                                                                                                              |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Risk Rating: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/><br>OFAC & UN Sanction List Finding: Yes <input type="checkbox"/> No <input type="checkbox"/><br>Politically Exposed Person: Yes <input type="checkbox"/> No <input type="checkbox"/> | If High Risk, Approved by:<br>_____<br>Management Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|

### MEMBERSHIP APPROVAL

Application received at CU on the \_\_\_\_\_ day of \_\_\_\_\_

Application approved based on recommendation of (tick as appropriate):

☐ A member of the Board of Directors

☐ A member of the subcommittee appointed by the Board

☐ The member recommending the applicant

The application was approved at a meeting of the Board of Directors, or the Subcommittee appointed by the Board held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and entered into the Minute Book/Credit Union Records.

\_\_\_\_\_  
President/Secretary/Asst Secretary/Board Member/Sub-Committee Chairperson



## Self-Certification of Residency Form

### Individual Self-Certification

We are obliged under the Standard for the Automatic Exchange of Financial Account Information in Tax Matters (AEOI) and any and all enactments supporting the implementation of the AEOI to improve tax compliance to facilitate cross-border tax transparency on financial accounts held abroad.

As a result, we are also obligated to collect certain information about each Account Holder's tax arrangements.

Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities.

If any of the information below about your tax residence changes in the future, please ensure you advise us of these changes promptly.

### Section 1: Account Holder Identification

Account Holder's Full Name                      Date of Birth (dd/mm/yyyy)                      Place and Country of Birth

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Permanent Residence Address:

---

Number & Street                                              City/Town

---

State/Province/County:                      Post Code:                      Country:

Mailing Address (if different from above):

---

Number & Street                                              City/Town

---

State/Province/County:                      Post Code:                      Country:

---



## Section 2: Declaration of Citizenship or Residence for Tax Purposes

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

| Country/Countries of Tax Residency | Tax Reference Number Type | Tax Reference Number |
|------------------------------------|---------------------------|----------------------|
|                                    |                           |                      |
|                                    |                           |                      |
|                                    |                           |                      |

Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number.

## Section 3: Declaration and Undertakings

I declare that the information provided in this Form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

|                         |                                                                                                                                                                                                                                                                |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature:              | Date: (dd/mm/yyyy):                                                                                                                                                                                                                                            |
| Print Name of Signatory | Capacity in which signatory is acting (if form is being signed on behalf of a minor): <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Trustee <input type="checkbox"/> Individual Authorized by the Courts |

## Section 4: For Internal Use Only

### Credit Union Personnel Certification:

Following my assessment of the AML/CFT information and documentation provided by the Account Holder, I confirm that the self-certification provided above seems:

☐ Reasonable

☐ Unreasonable; Account Holder requested to provide a revised Self-Certification.

|                         |                                                                                |
|-------------------------|--------------------------------------------------------------------------------|
| Signature:              | Date: (dd/mm/yyyy):                                                            |
| Print Name of Signatory | If ' <b>Unreasonable</b> ' is selected, please give reasons for this selection |

**INDIVIDUAL AUTHORITY AND INDEMNITY**  
**FOR ELECTRONIC MAIL & MOBILE INSTRUCTIONS**

**THIS DEED OF AUTHORITY AND INDEMNITY** is made the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, **BETWEEN** \_\_\_\_\_ in the parish of \_\_\_\_\_ (hereinafter called "the Member") of the FIRST PART, AND **JPS & PARTNERS CO-OPERATIVE CREDIT UNION LIMITED**, with registered office situated at No. 65 ¾ Half Way Tree Road, Kingston 10 in the parish of Saint Andrew, (hereinafter called "the Credit Union") of the OTHER PART.

**WHEREAS:**

- A. The Member has notified the Credit Union of the email address from which electronic mail will be sent by the Member from time to time (hereafter referred to as "the designated email address")
- B. The Member has notified the Credit Union of the mobile contact number from which instant messaging will be sent by the Member from time to time (hereafter referred to as "the designated contact number")
- C. The Member from time to time requests that the Credit Union honour his/her instructions sent by means of instant messaging and electronic mail transmissions to the Credit Union in relation to any and all of the Member's existing accounts, facilities and other arrangements with the Credit Union and any accounts, facilities and other arrangements which the Member may now or in the future have with the Credit Union (instructions sent by such transmissions being hereinafter referred to as "instant messaging or electronic mail instructions").

**IN CONSIDERATION** of the Credit Union agreeing to accept instant messaging or electronic mail instructions from the Member as aforesaid, subject to the necessary security verification, the Member agrees:

- 1. That notwithstanding any other agreement or course of dealing between the Credit Union and the Member; the Member hereby requests and authorizes the Credit Union (but does not oblige the Credit Union) to rely upon and act in accordance with any instruction or communication which may from time to time be or purport to be given by instant messaging, or electronic transmission by the Member.
- 2. That the Credit Union may act on any such instant messaging, electronic mail or facsimile instructions given by the Member from time to time, and the Member voluntarily and with full knowledge takes and assumes any and all risks, associated therewith, in particular those

due to transmission mistakes, misunderstanding or identification errors, and fully discharges the Credit Union from the same.

3. Once the Member's instructions which are sent via electronic mail from the designated email address, or instant messaging is done from the designated contact number the Credit Union shall have no obligation to check or verify the authenticity or accuracy of such instant messaging or electronic mail instructions purporting to have been sent by the Member (regardless of whether the Credit Union may have, or in the future, choose to check or verify) and may act thereon as if same had been duly given by the Member.
4. That the Credit Union shall be absolved of any and all responsibility for any loss or liability of any nature (directly or indirectly) suffered by the Member as a result of any error in transmission of any instant messaging or electronic instruction or communication, or as a result of the Credit Union acting on any electronic instruction or communication the Credit Union believes in good faith to have been made by the Member, and the Credit Union is authorized to act without further enquiry upon any instant messaging or electronic instruction or communication believed in good faith by the Credit Union to be an instruction or communication so given or made.
5. That in acting on instant messaging or electronic mail instructions the Credit Union shall be deemed to have acted properly, and to have fully performed all obligations owed to the Member, notwithstanding that such instant messaging or electronic mail instructions may have been initiated, sent or otherwise communicated in error or fraudulently, and the Member shall be bound by such instant messaging or electronic mail instructions on which the Credit Union may act if the Credit Union has in good faith acted in the belief that such instant messaging or electronic mail instructions were given by the Member.
6. The Member shall not provide the Credit Union with written instructions bearing original signature(s) where prior instructions to effect the same transaction have been sent to the Credit Union by instant messaging or electronic mail, unless specifically requested by the Credit Union. The Member acknowledges that where instant messaging or electronic mail instructions are followed by subsequent written instructions bearing original signature(s) contrary to the above, this may lead to the Credit Union giving effect to these instructions more than once (reference to "duplicated instructions" or "duplication" means the submission by the Member of instructions by instant messaging or electronic mail and in writing, regardless of whether such submissions are identical).

The Member acknowledges that in such event he/she shall bear the risk of such duplication occurring, and shall indemnify and hold the Credit Union harmless against all losses, liabilities, claims or damages which may arise as a result of the Credit Union acting more than once on such duplicated instructions.

7. That the Credit Union may, in its absolute discretion, postpone the carrying out of any instructions given by instant messaging or other electronic means or may decline to act on or in accordance with the whole or any part of instant messaging or electronic mail instructions pending such further enquiry or confirmation (whether written or otherwise) by the Member as it deems appropriate. It is understood and agreed however, that the Credit Union shall be under no obligation to so decline in any case and the Credit Union shall in no event or circumstances be liable in any respect for not so declining.

8. To release the Credit Union from and indemnify the Credit Union against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, the Credit Union having acted in accordance with the whole or any part of any instant messaging or electronic mail instructions, or having exercised (or failed to exercise) the discretion conferred upon the Credit Union in Clause 7 above.
9. The terms of this Authority and Indemnity shall remain in full force and effect unless and until the Credit Union receives (and has reasonable time to act upon) a note of termination from the Member in writing bearing the original signature of the Member, save that such termination will not release the Member from liability under this Authority and Indemnity in respect of any act performed by the Credit Union in accordance with the terms of this Authority and Indemnity prior to the expiry of such time.
10. Irrespective of the place of origin of any instant messaging or electronic mail instructions the indemnity given above cover all existing and future accounts of the member and shall be governed by and construed in accordance with the laws of Jamaica.
11. The member's signature and any other relevant information noted in this Indemnity form shall be verified by the office before it is deemed authentic by the Credit Union.

**EXECUTED AS A DEED BY:**

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Member's TRN**

\_\_\_\_\_  
**Member's e-mail address**

\_\_\_\_\_  
**Member's contact number**

\_\_\_\_\_  
**Date**

**In the presence of:**

\_\_\_\_\_  
**Name of Witness** - Designated Credit Union Representative

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

The Credit Union Stamp

